Please complete and return entire page

2004 Wisconsin Wing Conference

23 - 25 April, 2004

Ramada Plaza Hotel, Green Bay, Wisconsin

Note: Each cadet must be accompanied at the conference by their parent or guardian.

Registration Form

Member Contact Information: (1 form for each CAF	member—p	hotocopy form as ne	eeded)	
Name:		CAP#:		
Address:				
City:		St	ate:Zip):
Phone: Email:				
Conference Options:				
Comerciae Options.		No. Attending	Cost Each	Total
Conference Only (Does NOT include noon luncheon no evening banquet nor CC Sunday a.m. buffet)	r		\$20.00	
Conference + noon luncheon and lunch speaker			\$30.00	
Conference + Evening Banquet (No noon luncheon nor CC Sunday a.m. buffet)		\$40.00		
Conference + noon luncheon/Speaker + Evening Banquet			\$55.00	
All events (Conference, noon luncheon/speaker, Sat. ba + Sunday morning Commanders' Call buffet)		\$65.00		
Additional banquest guests (Sat. 6:15 to 9:30 p.m.) (Specify meal choice below)			\$30.00	
Additional breakfast guests (Sun. a.m. Commanders Call)			\$10.00	
Cadet pool party (7 to 10 p.m. Friday)		No charge		
Late registration fee – include if registration postmarked after Mar		rch 30, 2004	\$10.00	
GRAND TOTAL				
Banquet Meal Selection				
Place an $old X$ in the box for each meal preference	Member	Guest	Guest	Guest
New York Strip Sirloin				
Chicken Cordon Bleu				
Fresh Atlantic Salmon				
Other (We will do our best to meet special dietary requests)				
Checks: Send B			CH 30 to:	
Payable to: Wisconsin Wing Conference 2004				
Check Number:				
Amount:		Bob Day Wing Conference		
Name on check if different than above contact name.		2105 Crestwood Springs Drive Green Bay, WI 54304		
FOR OFFICE USE ONLY: Amount Owed:		Paid:	Re	gistered: